



03500.015537.

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
: Examiner: Timothy J. Moran
KAZUAKI TASHIRO ET AL.)
: Group Art Unit: 2878
Appln. No.: 09/899,184)
:
Filed: July 6, 2001)
:
For: IMAGE PICKUP APPARATUS) September 9, 2003

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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TECHNOLOGY CENTER 2800

RESPONSE TO OFFICE ACTION

Sir:

In response to the Office Action dated June 9, 2003, Applicants request reconsideration in view of the following Remarks, which begin at page 2.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

September 9, 2003.
(Date of Deposit)

LEONARD P. DIANA (Reg. No. 29,296)
(Name of Attorney for Applicants)


Signature

September 9, 2003
Date of Signature



In re Application of:

Docket No. 03500.014850.

TORU KOIZUMI

Application No.: 09/678,025

Examiner: C. Kao

Filed: October 4, 2000

Group Art Unit: 2882

For: SOLID-STATE IMAGE PICKUP DEVICE
AND IMAGE PICKUP SYSTEM (As
Amended)

Date: September 9, 2003

THE COMMISSIONER FOR PATENTS
Mail Stop Non-Fee Amendment
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 8	MINUS	** 23	= 0	x \$9 \$18	\$ 0
INDEP. CLAIMS	* 1	MINUS	*** 7	= 0	x \$42 \$84	\$ 0
Fee for Multiple Dependent claims \$140°/\$280						\$ 0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 0

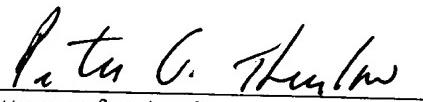
* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- Verified Statement claiming small entity status is enclosed, if not filed previously.
- A check in the amount of \$_____ is enclosed.
- Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Peter G. Thurlow
Attorney for Applicant
Registration No. 47,138

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200



2878

In re Application of:

Docket No. 03500.015537.

KAZUAKI TASHIRO ET AL.

Appln. No.: 09/899,184

Examiner: Timothy J. Moran

Filed: July 6, 2001

Group Art Unit: 2878

For: IMAGE PICKUP APPARATUS

Date: September 9, 2003

Mail Stop Non-Fee Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Response in the above-identified application.

 No additional fee is required.

The fee has been calculated as shown below

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TECHNOLOGY CENTER 2800

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 46	MINUS	** 50	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	* 10	MINUS	*** 10	= 0	x \$42 \$84	\$0.00
Fee for Multiple Dependent claims \$140°/\$280						\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

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- A check in the amount of \$____ to cover the Extension fee for response with a ____-month extension is enclosed.
- A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.
- Applicants' undersigned attorney may be reached in our New York Office by telephone at (212) 218-2100 or by facsimile at (212) 218-2200. All correspondence should continue to be directed to our address given below.



Attorney for Applicants
Leonard P. Diana
Reg. No. 29,296

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